CLAIMS ONLY

Application Number	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51		1					
2							52	1						
3							53		1					
4							54		1					
5							55	1						
6							56		1					
7							57		1					
8							58	1						
9							59		1					
10							60		1					
11							61		1					
12							62	1						
13							63	1						
14							64		1					
15							65	1						
16							66	1						
17							67	1						
18							68	1						
19							69	1						
20							70	1						
21							71	1						
22							72	1						
23							73	1						
24							74	1						
25							75	1						
26							76	1						
27							77		1					
28							78		1					
29							79		1					
30							80		1					
31							81		1					
32							82		1					
33							83		1					
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40	1						90							
41		1					91							
42							92							
43							93							
44							94							
45		1					95							
46	1						96							
47		1					97							
48		1					98							
49	1						99							
50		1					100							
Total Indep							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							